	Under the Danen	vork Reduction Act	of 1005 no ne	PTORE 800	required to	U. S. Pat	ent and Tra-	prov lema	ved for use the	ough I	PTO 0/31/2002. C RTMENT O	SB/06 (08-0 MB 0651-003 F COMMERC
		APPLICATIO							pplication or)
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LL I	ENTITY	OR	OTHER T	
FOR		NUMB	NUMBER FILED			NUMBER EXTRA		E	FEE		RATE	FEE
BA (3)	SIC FEE	30 Fe				and the			s	OR		5860
(37	AL CLAIMS CFR J.16(t))		A minus 20 =		· .: 22		x \$=		OR	x \$ /8 ==	396	
	EPENDENT CL. CFR 1.16(b))	AIMS (6 minus 3 ∞		· 3_		x=		OR	×80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1449)							+	===		OR	+ =	
If the difference in column 1 is less then zero, enter "0" in column 2								AL		OR	TOTAL	1496
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMA	L E	ENTITY	or	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**		=	× \$	_=	0	OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***		=	x	=	0	OR OR	×	2
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.164)							_=		OR	+ =	
(Column 1) (Column 2) (Column 3)								E I		OR A	TOTAL DDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	AINING TER		HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1, 15(c))	*	Minus	**		=	x s	3		OR	× \$ =	
	Independent (37 CFR 1.16(b))	٠	Minus	nus ***		=	x	=		OR OR	×=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.144))							. 25		OR	+=	
(Column I) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	INING FER		HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1,16(e))	*	Minus **			=	× \$			OR OR	x \$ =	
	Independent (37 CFR 1.16(b))	* Minus		***		=	×	.=		OR	× =	
77,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR).14(9)							=		OR	+=	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20'.												

it me, rugnest number Previously Paid For IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 1/2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form the will vary depending upon the needs of the individual case.

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Patents, Washington, DC 2021.